62A384-O (1-04)
Commonwealth of Kentucky
REVENUE CABINET

## OIL PROPERTYTAX RETURN LEASE REPORT

File by April 15 with:

Department of Property Valuation Division of Technical Support 200 Fair Oaks Lane Frankfort, Kentucky 40620

			For Assessment of	January 1,	_		ort, Kentucky 40620	
Name								664-8334
Number and Street				Social Security Number		Property located in		County, Kentucky.
City	State	ZIP Code	Telephone Number	Federal Identific	cation Number			
			( )					
property. This return is proved Commonwealth of Kentuck different for each well on the number.	ided for the y must contains the property	ne purpose of reportin mplete and file this ta v, file a separate tax r	ng developed oil proper ax return with the Depa eturn for each individu	y. Each year all persons, cor rtment of Property Valuatio al well. Each lease must be	porations, business n by April 15. File listed separately	r she owns. This includes sub-surface miner es and partnerships owning, leasing or having a <b>separate</b> return for each developed property the purchaser's lease number and names sion of Interest—Ownership Schedule mus	ng knowledge of developed perty per county. If the divi e. Do not report leases un	d oil properties in the ision of ownership is nder a grouped unit
Purchaser's/Transporter's Name (if different from filer)			Operator's Name (if differen	t from filer)	Number of Producing Wells			
Purchaser's Lease Number				Barrels of Oil Produced (Jan	. 1–Dec. 31)			
							Year of First Production	Waterflood Allowance Credit(✓)
Purchaser's Lease Name			,	Total \$ Value of Production	for Lease ( <i>Less Se</i>	verance Tax)		
				DECLARATION				
I declare, under the penalties of perj has been listed at its fair cash value.	ury, that th	is return (including any	accompanying schedule	es and statements) has been exa	amined by me and to	the best of my knowledge and belief is a true, o	correct and complete return;	and that my taxable property
Name of	Company		Si	gnature of Preparer		Signature of Producer/Operator		Date

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## OIL PROPERTY DIVISION OF INTEREST—OWNERSHIP SCHEDULE

ease Number		Lease Name					Page	
Owner Name	Social Security No. or FEIN	Owner Address	City	State	ZIP Code	Decimal % Ownership	Net Income Earned	Ownership Type (W,O,R)
					· · · · · · · · · · · · · · · · · · ·			·

**INSTRUCTIONS:** The producer/operator or agent thereof is **required** to report (1) the names, SSN/FEIN, and addresses of the working, royalty, and overriding interest owners associated with the property as of January 1 of the tax year, (2) the **decimal** percentage of ownership for each owner; (3) the type of ownership designated by the letter "W," "R," or "O"; and, if applicable, (4) the annual net income (including delayed payments) per owner. **NOTE:** If the producer/operator owns all interest (working and royalty) in the property, enter "1.00" under the heading Decimal % Ownership and an "A" under Ownership Type. The assessment will be based on the industry standard of .875 working

and .125 royalty. Tax bills will be prepared according to this ownership schedule. Complete the schedule to reflect the desired billing.